



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

Offender Name: Shannon Douthit TDCJ # 453033
 Unit: P1 Housing Assignment: 20-009
 Unit where incident occurred: Pack 1

OFFICE USE ONLY	
Grievance #:	<u>2018145916</u>
Date Received:	<u>JUN 07 2018</u>
Date Due:	<u>7/22/18</u>
Grievance Code:	<u>637</u>
Investigator ID #:	<u>F2598</u>
Extension Date:	
Date Retd to Offender:	<u>JUL 2 4 2018</u>

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Ms Chukuwumerije, NDI, NP When? 6-6-2018

What was their response? You don't qualify for heat restriction, but I'll reduce your lifting restriction

What action was taken? Lifting restriction reduced and no treatment or examination for condition.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On June 6, 2018, I went to Infirmary because I've been having dizzy spells and stomach complications of feeling nasueated that began August 2017 due to heat extremes. Ms Chukuwumerije, NP, said I didn't qualify for a heat restriction. I informed Ms Chukuwumerije that line "K" on page 3 of Document 1065 filed March 27, 2018 states that Obesity is a heat sensitive Medical condition with a BMI above 30. My BMI is above 35 because I'm 6 feet tall and weigh 300 pounds. Ms Chukuwumerije, NP, reduced my lifting restriction from 50 to 30 pounds because Lt. Temple and Lt. Peralta forced me to carry my personal property during major shakedown 5-23-2018 and exceed my lifting restriction. There was no air-conditioning in Gym or Hallway. My heat sensitive conditions of feeling dizzy began in August 2017. Everytime I would try to seek medical attention Ms Crawford, LVN, Would run me off. On 4-24-2018 I sent Sickcall Request (I-60) to Infirmary. On 4-25-2018, I was scheduled for Physicians Sickcall. Ms-Simpson was working Infirmary and she ran me off.

While I was being forced to carry my personal property 5-23-2018, I became hot, dizzy, and naseaous.

Action Requested to resolve your Complaint. Proper Examination and treatment for condition
and Heat-Sensitive Medical Restriction.

Offender Signature: Shannon Douthit Date: 6-7-2018

Grievance Response:

Offender Douthit,

You were seen on 6/6/18 due to getting hot and dizzy. Medical saw you, and once cooled off released you to security. The provider will only give what they determine to be medically necessary after review of your medical history and complaint. No further action warranted.

Signature Authority: Keltan Halker Date: 6/25/18
If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

OCT 03 2018



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Shannon Douthit TDCJ# 453033

Unit: Pack 1 Housing Assignment: 20-009

Unit where incident occurred: Pack 1

OFFICE USE ONLY

Grievance # 2018145916

UGI Recd Date: SEP 07 2018

HQ Recd Date: SEP 14 2018

Date Due: 10/22/18

Grievance Code: 637

Investigator ID#: 10352

Extension Date:

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

Signature Authority on Step 1 grievance was being deliberately indifferent

toward my heat sensitive medical condition as has UTMB medical staff at

Pack 1 Unit. Obesity as determined by the Federal Court 4:14-CV-01698

is a heat sensitive medical condition, and Medical Provider, Ms

Chukwumerije, NP, was being deliberately indifferent toward my heat

sensitive medical condition. Signature Authority on Step 1 grievance

acknowledged that on 6/6/2018 I was hot and dizzy due to heat, and once

cooled off, I was released to security. I was suffering heat exhaustion

on 5-23-2018 when Lt. Temple and Lt. Peralta forced me to carry my

personal property during major shakedown and forcing me to exceed my

lifting restriction of 50 pounds, which Ms Chukwumerije reduced to 30

pounds. I rubbed a sore on my amputated leg. Ms Chukwumerije did not

treat the sore on my leg nor did she recommend treatment. I saw another

Provider on July 2, 2018 and was given a referral for shoes. The Provider

ordered dressing changes on leg, and the nurses neglected to comply with

the Provider's recommendation. On July 9, 2018, I saw Mr. BayBrook,

Medial Provider, by DMS and he recommended that I be given supplies to

treat stump and X-ray. I submitted another request to Infirmary because

Pack 1 Medical staff didn't comply with BayBrook's recommendation, and

finally on July 14, 2018 Ms Jandt, Nurse, gave me supplies: Gauze pads,

tape, and anti-biotice ointment so I could do my own dressing changes.

On July 18, 2018, Officer Nunn who was assigned to 20-dorm 1st shift

I-128 Front (Revised 11-2010)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

(OVER)

told me X-rays and medical appointments were canceled. Upon Major

Perez's orders, Lt. Temple, Lt. Peralta, and Sgt. Backus were retaliating against the elderly and handicapped Offenders; therefore, subjecting me to physical injury of my leg (stump), and heat exhaustion and stroke beginning August, 2017 when I got left behind in the intense heat.

Offender Signature: Shannon Douthett Date: 7-30-2018

Grievance Response:

A review of the Step 1 medical grievance has been completed regarding your complaint you have a heat sensitive condition of feeling dizzy starting in 2017. Also you complained of dizzy spells, along with stomach complications and nausea on 06/06/2018.

An appellate review of the medical grievance and clinical records show on 06/06/2018, you were seen by the provider you named on 06/06/2018, stating while carrying your properties during the shakedown you got hot and dizzy. The documentation reflects after cooling down you felt better. Also, your restriction was changed to no lifting over thirty (30) pounds. There is no indication you have submitted a Sick Call Request regarding this issue. The unit provider reviewed your lab data on 06/14/2018. All medications, restrictions, and treatments are ordered by the licensed medical provider based on their clinical findings at the time of the evaluation.

You are encouraged to work with the unit provider to ensure the best possible treatment for your health care needs. If you feel your situation requires further evaluation, you are advised to submit a Sick Call Request to the medical department.

**STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION**

Signature Authority: _____

Date: 9/21/18

Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

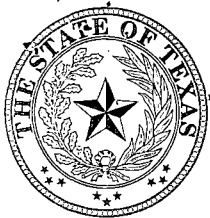
Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

Offender Name: Shannon Douthit TDCJ # 453033
 Unit: P1 Housing Assignment: E20-009
 Unit where incident occurred: Pack 1

OFFICE USE ONLY	
Grievance #:	<u>2019049013</u>
Date Received:	<u>DEC 12 2018</u>
Date Due:	<u>01-21-2019</u>
Grievance Code:	<u>810</u>
Investigator ID #:	<u>I 2647</u> <u>2433</u>
Extension Date:	
Date Retd to Offender:	<u>DEC 18 2018</u>

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Kroll, Sgt. When? 12-7-2018

What was their response? Shut the F-up and carry it.

What action was taken? Amputee forced to exceed lifting restriction & Carry Property.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On Friday December 7, 2018, between 6:00-7:00 AM during major shakedown, I proceeded to drag my personal property on blanket to E-wing Gym when Sgt. Kroll told me to not drag my personal property and carry it. I then told Sgt. Kroll I have a prosthetic leg and lifting medical restriction. Sgt. Kroll became belligerent and said "Shut the F-up, get out of the way and carry it". I then carried my personal property exceeding my lifting restrictions. We were forced to crowd the Hallway from Rec. 1 door to Rec. 2 door on E-bldg, upon Lt. Temple's orders. Officer Mitchell expressed her discontent on how Lt. Temple was running the shakedown and with good reason, because it was chaotic. Another handicap Offender was ordered to carry his personal property to the table in Gym where Ms Williams and Ms Bonniaby were sitting and said inmate fell. He was using a cane. I was told to not drag my personal property on blanket but in Gym I was told to spread my blanket out on floor so they could throw my personal property on it. In the Gym we were allowed to drag our blankets and property but no where else. Anyway, as I started to drag my personal property to my assigned housing, Lt. Temple said "Don't drag it carry it". I told Lt. Temple I was handicapped and he said "if you can't carry it you shouldn't have it".

Camera footage will reveal I'm telling the truth. I injured my amputated leg again. I use crutches to get around.

Don't retaliate by moving me to A & B wings.

Action Requested to resolve your Complaint. Acknowledge Medical Lifting restrictions and quit forcing us to carry our property. Shake property down in bunk like A-wing & B-wing.

Offender Signature: Shannon Peruth

Date: 12-11-2018

Grievance Response:

Your grievance has been received and investigated. It has been revealed that offenders were not allowed to drag property using state issued blankets to prevent damaging state property; however, offenders were allowed to drag property in bags. There was no evidence of staff misconduct found. No further action warranted at this time.

Signature Authority: [Signature]

Date: 12/18/18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
2 nd Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
3 rd Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	



January 2019

Texas Department of Criminal Justice
STEP 2
OFFENDER
GRIEVANCE FORM

Offender Name: Douthit, Shannon TDCJ# 453033
 Unit: P1 Housing Assignment: E20-009
 Unit where incident occurred: Pack

OFFICE USE ONLY

Grievance #: 2019049013
 UGI Recd Date: 1-2-19
 HQ Recd Date: JAN 07 2019
 Date Due: 02/11/2019
 Grievance Code: 810
 Investigator ID#: 10742
 Extension Date: 3-23

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). *I am dissatisfied with the response at Step 1 because...*

The cameras will reveal that Asst. Warden Wilder is lying and mis-
 representing the facts to cover for his subordinates. The cameras
 will reveal that on December 7, 2017 inmates housed on E-Bldg. were
 not allowed to drag property, but forced to carry property. I don't
 guess an investigation includes reviewing the cameras. I injured my
 (stump) amputated leg again.

Offender Signature: Shannon Perith

Date: 12-29-2018

Grievance Response:

An investigation has been conducted into your complaint. Records indicate that your Step 1 response has addressed your complaint. No further action warranted by this office.

Signature Authority:



M. BLALOCK

Date:

MAR 26 2019

Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted.*
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2018142180
 Date Received: MAY 31 2018
 Date Due: 10 July 2018
 Grievance Code: 815
 Investigator ID #: I2612
 Extension Date: _____
 Date Retd to Offender: JUL 03 2018

Offender Name: Shannon Douthett TDCJ # 453033
 Unit: Pack 1 Housing Assignment: 20-009
 Unit where incident occurred: Pack 1

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Lt. Temple & Capt. Peralta When? 5-23-2018

What was their response? If you can't carry it you don't need it.

What action was taken? Forced to carry property beyond my lifting restriction

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

on 5-23-2018 20-dorm was subjected to a Major Shakedown. I have a 50 lbs Lifting Restriction on my HSM Report. Lt. Temple & Capt. Peralta were forcing me and other inmates to exceed our lifting restrictions. I have a prosthetic leg and use crutches. They were subjecting me to a risk of serious injury. No carts or assistance was provided. We were being treated in this manner out of retaliation because of the air-condition lawsuit. MAY 31 2018

MAY 31 2018

MAY 31 2018

MAY 31 2018

MAY 31 2018

MAY 31 2018

Action Requested to resolve your Complaint. Stop them from forcing us to exceed our medical restrictions and stop the retaliation.

Offender Signature: Shannon Douthett Date: 5-31-2018

Grievance Response:

An investigation was conducted regarding your allegation. Your current restriction is a work restriction. Evidence was provided that there were carts provided to offenders to transport their property to and from the gym. Therefore, no further action is warranted.

Signature Authority: [Signature] Date: 6/22/18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

Grievance # 2018142180

Received NOV 06 2018



E 20-09
Texas Department of Criminal Justice

STEP 2

OFFENDER GRIEVANCE FORM

6
Offender Name: Shannon Douthett TDCJ # 453033
Unit: PI Housing Assignment: 20-009
Unit where incident occurred: Pack 1

OFFICE USE ONLY

Grievance #: 2018142180
UGI Recd Date: AUG 03 2018
HQ Recd Date: AUG 13 2018
Date Due: 09-12-18
Grievance Code: 815
Investigator ID#: IL358
Extension Date: 10-22-18

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give Reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

Step 1 grievances were not investigated, nor were they coordinated with Risk Management in accordance with AD-03.82 V 6. Lt. Temple and Lt. Peratta were forcing me and many others to exceed their medical restrictions. Also I became excessively hot and dizzy. I have a heat restricted medical condition because I am obese with a BMI over 30. On June 6, 2018, I saw LTMB Medical Provider Chukwumerije, NDI, NP and MS Chukwumerije changed my lifting restriction on my HSM-18 reducing it from 50 to 30 pounds limit. I rubbed a sore on my stump and saw a provider: Mr. Baybrook on DMS 7-9-2018.

I weigh 300 pounds and wear a prosthetic leg. I use crutches; therefore mobility impaired.

Asst. Warden Wilder is falsifying a Governmental Record I-127 by stating that carts were provided to offenders to and from gym.

Offender Signature:

Shannon Douthett

Date:

7-9-18

Grievance Response:

Your grievance has been investigated. This issue was appropriately addressed at the Step 1 level. The lieutenant states carts were available for offenders to use. Additionally, offenders with verified lifting restrictions are permitted to make multiple trips. No evidence was found that you were forced to exceed your lifting restrictions. No further action required. ARD J. Lopez, October 12, 2018

Signature Authority:

[Signature]

Date:

Returned because:

*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____